

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. m

iaintenance lee not	meations.			
CURRENT CORRESP	ONDENCE ADDRESS (Not	e: Use Block I fo	for any change of almire 1	
26941	7590	06/30/2005	/ 82\	
MANDEL &	& ADRIANO		OCT 0 3 2005	
55 SOUTH I	AKE AVENUE	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
SUITE 710				
PASADENA	, CA 91101		WE FRADENIA NO.	

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

manded to the deriverse to too, on the date	
Renato Marco Domingo	(Depositor's name)
Hend has f.	(Signature)
September 30, 2005	(Date)

APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR		ATTO	RNEY	DOCKET NO.	CON	IFIRM	1ATION N	О.
09/867,159	05/29/2001	· ·	Emile Loria	1			01-	346		5	964	
TITLE OF INVENTION: ANTIHISTAMINE COMPO		PHARMACEUTICAL	COMPOSITION	CONTAINING	AT	LEAST	ONE	ALLERGEN	AND	AT	LEAST	ONE
			I					- D/O: D/ID				

APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATIO	PUBLICATION FEE		TOTAL FEE(S) DUE		ATE DUE
nonprovisional	NO	\$1400		\$300	\$300		\$1700		/30/2005
EXA	EXAMINER		ART UNIT		CLASS-SUBCLASS				:
HUYNH,	HUYNH, PHUONG N		1644		424-185100				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the nor agents (2) the nor registered 2 registered listed, no	nting on the patent f ames of up to 3 reg OR, alternatively, ame of a single firm I attorney or agent) ed patent attorneys or name will be printed	istered pater (having as a and the nam or agents. If	at attorneys a member a es of up to	1 Mano	del &	Adriano
PLEASE NOTE: Unles	s an assignee is identified bein 37 CFR 3.11. Completion	elow, no assignee	data will ap	pear on the patent.	If an assign ment.	ee is identifie	d below, the	document h	nas been filed for
(A) NAME OF ASSIGNEE ((В) RESIDEN	CE: (CITY and STA	TE OR CO	D OVIOZY 2005	MBIZUNE2	00000001	09867159
Antialis		st.	Vallier,	Franc	01 FC:2501 PEFC:1504			700.00 (300.00 D	
Please check the appropriate assignee category or categories (will not be p			nted on the	patent): 🚨 Indiv	idual 🎑 Co	orporation or o	ther private	group entity	Government
Issue Fee				f Fee(s): in the amount of the t by credit card. For					
Advance Order - # of Copies		•	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to						

riease check the appropriate assignee category of categories (will not be p	Corporation of other private group entity Government
	4b. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0306 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Public NOTE: The Issue Fee and Publication Fee (if required) will not be accept interest as shown by the records of the United States Patent and Trademar	cation Fee (if any) or to re-apply any previously paid issue fee to the application identified above, ed from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in k Office.
Authorized Signature 8MM B M	Date September 30, 2005
Typed or printed name Sarah B. Adriano	Registration No. 34, 470

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.